Appendix H
Attendees Top Three Concerns/Issues as Submitted on 3 x 5 Cards

MEDICAL CARE ISSUES/CONCERNS

Highest priority
- Profile PT (TTP to monitor/ensure some benefit is attained and within parameters of profile constraints).
- Quality PT profile programs.
- Better assistance with physical training program from physical therapy.
- Soldiers arriving from BCT with injuries not documented in medical record.

Second highest priority
- Medical folks more involved in IET training. Expect DS to be everything.
- Structured PT for injured soldiers.
- Stress fracture risk management.
- Physical rehab/profile PT program tied into the academics/POI.
- Question #9 - I don't think so. My old Bn Cdr had to inform the doctor that giving 30 day profiles to soldiers. Knowing the recovery period needed for a profile.
- Education and focus of first line clinic doctors; especially when doctors are civilians; tendency is to be broad and general when writing profiles; often little or no interest based on minimal time and contact with soldiers.
- Time on profiles 30 day consecutive; continuous profiles.
- Physical training rehab program - example of a program.
- Sending soldiers on to their next unit after technical if he or she is still healing.
- Doctors need to check the soldier's when they go on sick call. They cannot just ask a soldier if 3 or 4 days on profile will make them feel better. A physical exam must be done and I know from experience it is not happening.
- Providing motivational support for injured recruits.

Third highest priority
- Compliance with treatment program and profiles.
- Physical rehabilitation of injury during training.
- Profiles. Guidance from the local medical facilities to the unit on what the injured soldier can do. Be tailored to the soldiers and their unit. This requires a little one-on-one (soldier/unit).
- Profile form that more accurately conveys limitations and abilities that are more specific to BCT-AIT.
- Question #10 - I've had PVTs come back to the unit having been seen by Spec 4. How can the soldier get good guidance when they are not seen by a doctor.

RESEARCH ISSUES/CONCERNS

Highest priority

- How can the training be improved to maximize the PT, mental toughness, and preparedness combat readiness while minimizing the morbidity, lost time, and financial cost of overuse injuries (stress fractures, others). Case control prospective randomized standards needed.
- Research results - putting programs into Army-wide policy; guiding research/intervention Army or DoD wide.
- Nutrition; no mention of any concern on this? Is it important?
- Surveys need to be conducted with same company (same ability).
- Development of surveillance systems to monitor injury rates.
- Lowering standards to reduce injury.

Second highest priority

- Define the identifiable risk factors in the IET population which we can address through training.
- Standardizing data collection across the various services.
- Technology - What affordable tools (heart monitors, video cameras) are available/being tested?
- Situational awareness on injuries/accidents must be improved in order to capture accurate lessons learned and develop appropriate countermeasures. (1) Report all accidents. (2) Synchronize accident reports with injury data (unit-MTF-Safety Office). (3) Properly investigate accidents/injury causes.
- Ability and support for scientific injury studies.
- Sending some PT failures out to units as a test pilot to see if they are able to pass the PT test later on.

Third highest priority

- Getting funds to initiate innovative programs and ensuring the programs are well run/monitored, then implemented Army wide.
- Determine what factors contribute to occurrence of injuries in IET/AIT setting.
- Findings ways of testing interventions - identifying units/program where this can be done.
- Is the PFT the appropriate test to use to evaluate physical fitness, or do we have more injuries as a result of training to test standards?

INJURY PREVENTION TRAINING ISSUES/CONCERNS

Highest priority

- Train DSs on appropriate physical fitness (send them to MFT course!).
- Soldiers do not know how to select running shoes; need to be trained.
- Continue good shoe selections.
- Soldiers that have injuries unknown to drill SGTs - want to continue/graduate BCT. Injury will increase.
- Don't expect the DS to be personal trainers to the troops. They need to take on the responsibility of also getting themselves in shape and training smartly.
- PT/injury training. Routine training as part of the cadre training. Tailored -mandatory classes.
- Implementing change (to decrease injury risk) in a way that empowers the users to embrace the change.
- Training versus processing. If we use MFT suggestion of 6 months of development prior to first APFT, then use test time to better professionally develop our enlisted ranks with BCT, AIT, leader development, etc.
- Proper exercise techniques to include reasonable expectation for soldier's development. Perhaps recertification as MFT.

Second priority

- Prevention strategies - trainee education, pre BCT education & physical activity breakout sessions - to prevent injury.
- Training/educating staff: medical and movement.
- Soldiers lack knowledge about how to heal their injury.
- Teach injury prevention to the students.
- During BCT, injury prevention knowledge of drill SGTs - limited.
- Trying to dispel the emphasis and drill sergeant belief of "no pain - no gain" and more is better.
- Improve installation/process from DIs to recruiter - process improvement for best process for PT effectiveness and injury prevention; i.e., mode, frequency, intensity, direction, training surface, environmental considerations.
- De-emphasize APFT as our end state or goal for measured fitness.
- "Unfit" soldiers do not fit standard MFT mold; require alternate training methods.

Third priority

- Increase soldier knowledge: exercise techniques; shoe selection; stretching requirements.
- Ensure supervisory personnel are adequately trained and programs are simple to execute.
- Make cadre more aware of lower leg injuries (education!).
- Soldiers are not willing to come forward when they get hurt until the injury is out of control.
- Running mechanic instruction.
- Fighting perceptions - training is not tough enough.
- Identify "best practice" guidelines to implement into training; possible study ideas.
- How to communicate injury research results to trainers (DS, company cdrs, etc).
- Foot march and running surfaces. We need better routes with better surfaces here at Ft. Jackson.
- Drills are not aware of problems that trainers have.
- Ensuring (1) proper techniques while stretching/strengthening and (2) constant reiteration and education to DSs.
- Command emphasis of being aware of injuries in his or her specific company, looking to causes and seriously modifying training accordingly.
- Cadre training - incorporate within DS Academy and (?) current cadre regularly.
- Alternate routes for running and marching that gets the soldiers off the pavement. Perhaps a pedestrian- only dirt trail in the area of 2-13.
- Establishing programs to ensure adequate fitness.
- What is the basis for using 2-mile run on AFPT? If less running distance reduces injury, could we run 1 mile?
- Expand total fitness training with (1) less emphasis on pushups to fatigue and (2) to/must include improved training for MFT and give them the authority at the unit level to implement their programs.
- PT progression BCT to AIT to unit "new soldier" program.
- Policy and structure of BCT and IET training (i.e., length (FTU) and standards).
- You must have an APFT before 6 months so the DSs can assess the soldier. This will help everyone: the soldier, the DS, and the commander when making a PT program.
- Review IET task-condition standard to reverify/validate specifically PT and obstacle/confidence course and combat skills "soldering." Then, ensure performance to standard.

PRE-BASIC COMBAT TRAINING ISSUES/CONCERNS

Highest priority

- Enforce pre-entrance fitness tests.
- Aggressive effort to establish some degree of fitness training pre-BCT.
- Pre-BCT training program.
- Soldiers out of shape in civilian sector. Time needs to be lengthened to allow for IET personnel to develop. Don't release from active duty too soon.
- Quality of recruit: (1) screen for high risk. (2) Incentives for graduation. (3) Expectations for highly qualified recruit - Marines seem to do this well.
- Early identification of entry level deficits.
- Better physicals at MEPS - don't start with a broken soldier.
- Soldiers physical conditioning. Soldiers arrive at BCT in poor condition.
- Improve the personnel physical activity/health lifestyle habits of the recruit.
- Soldiers are allowed to lose fitness during year-long furlough. Report back to AIT totally out of shape and well below the 50 pt. BCT level.
- How can we motivate pre-BCT civilians to train prior to entering? Should there be a PFT at the MEPS or recruiting sites?
- Ensure soldiers/recruits are in acceptable (minimize risk) shape prior to entering training.

Second highest priority

- Pre-entry fitness training.
- Before BCT training.
- Recruiter develop a PT program for new recruits that requires the recruit to be at a higher level of fitness before entering BCT.
- More pre-entry information to recruits.
- The initial assessment at the reception. Bn is charged to focus on injury risk factors that are known.
- Pre-accession fitness standards/conditioning.
- Pre-BCT exercise counseling: (1) Video for recruiters. (2) No credit for enlistment until recruit graduates IET/BCT. (3) Question and answer with recruits on need for early progressing exercise.
- Finding ways of increasing physical fitness/physical activity prior to BCT.
- MEPs physical requirement inadequate.

Third highest priority

- Increased medical standards at MEPS; cadre training in physical fitness; better running shoes.
- Injury prevention: consideration of the new computer generation - increased injuries.
- Getting schools to conduct more physical activity for students.
- Young people are not physically oriented.
- Recruits are out of shape; do something before coming in.
- The issue of fitness for the American youth must be nationally addressed. Institute PT programs back into our education system.
- Improve/formalize the process for improvement of physical condition (emphasis on aerobic conditioning) of the recruit prior to entering IET.

THE WAY WE TRAIN: PRACTICES AND PROCEDURES - ISSUES/CONCERNS

Highest priority

- Re-evaluate the number and length of all foot marches.
- Too many foot tactical road marches.
- Injury prevention - proper stretching.
- Too much too soon (overuse of the muscles before they are ready to perform).
- Improve running surfaces. (1) Too much road & hard surface. (2) Emphasize softer surfaces & track for training.
- Moderate amount of running/marching.
- More emphasis on training.
- Question #4. Yes, go back to training as we fight. Soldiers are getting softer. Line units are getting weak soldiers who are not physically fit.
- FTUs in AIT units do not have resources (cadre, barracks, time).
- TIME!
- Resources to perform these programs not available (i.e., people, dollars, physical facilities).
- Proper and timely maintenance and repair of facilities - e.g., obstacles. Proper climate control of barracks.

Second highest priority

- Stretching to prevent injury both after PT and FMs. Stretches muscles, tones, allows for greater muscle growth.
- Be progressive from BCT through their first assignment.
- Minimizing distance marching/running activity - use alternative aerobic events.
- Increase flexibility sessions in BCT.
- Regular stretching; not done enough.
- Running (not PT), up and down stairs to DFAC, and road marching in boots during red phase.
- Foot marches. Length vs total miles over a 9-week BCT period versus rucksack weight as causes of LE injury.
- How can we appropriately ramp the physical training intensity for individuals without running the risk of the person failing BCT or AIT for not meeting the standard?
- Knowledge of stretching (proper stretching techniques).
- Resourcing soft surface running tracks at all installations.
- Running surfaces.
- Run routes are not adequate.
- Ensure training programs are tailored to meet training requirements with minimal risk.
- Running surfaces need to be on a track and not on macadam surfaces. Running on roads result in leg & foot problems.
- Not enough time in the POI for proper physical training.
- Longer APFT training time. More through medical questionnaire.
- Physical training more individualized especially in AIT. Train to perform MOS specific task.

Third highest priority

- Stretching. The dynamics: (how long, muscle groups, difference for male/female) that have impact on success.
- More strength condition procedures at beginning of BCT.
- Progression of "unfit" soldier is too fast.
- The way we train: (1) Too soon, too fast, too much. (2) Walk to run progression. (3) Early emphasis on APFT versus soldiering/learning.
- Training progression; realistic goals based on start point.
- Early APFT standards - train longer - 6 month APFT.
- Individualizing physical training to the specific needs of the soldier.
- IET PT adopts a phased-training approach that pushes the APFT to 6 months.
- Soldiers arriving from BCT to AIT with injuries (minor to major). Usually injuries are not documented. At least 20% of the soldiers arrive with injuries.
- Resourcing a PTRP and full-servicing FTU at all installations.
- Running on hard surfaces early in IET training.
- Exercises prior to the run are done too quickly and sometimes using poor form. Sit ups are performed on black top surfaces. Too often exercises are done just to get them over with. Leaders conducting this training need more training on this subject.
- Less focus on AFPT; slower progression.